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Director of Professional Practice and Quality Assurance
E-mail - acarlingrowland@caslpo.com  ext. 226

CASLPO Regional Seminar
Mississauga May 2013
Regional Seminar Outline

1. Welcome and Introductions
2. Overview of CASLPO and Profile of the Professions
3. News from CASLPO
4. Clinical Practice Issues
5. Questions
Overview Of CASLPO

Commitment to Excellence & Leadership

- Vision
- Mission
- Mandate
- Core Values
- Objects
Overview of CASLPO

Services

- Registration
- Quality Assurance
- Professional Practice Advice
- Education, Communication and Public Awareness
- Inquiries, Complaints, Report and Discipline Processes
Overview of CASLPO

CASLPO develops:

- Regulations (e.g. Registration, Professional Misconduct, Quality Assurance, Records)
- By-laws
- Practice Standards & Guidelines
- Position Statements
Overview of CASLPO

College Council

- Essence of Self-Regulation
- 18 members:
  - 9 elected professionals, 6 SLP & 3 AUD representing 5 regions of Ontario and Ontario at Large
  - 2 academics, 1 audiology and 1 SLP
  - 7 public members
- 3-year terms
- 10 committees; some SLP and Aud non-Council members
- Quarterly meetings
MADAM & EVE

THANDI!! WHERE’S YOUR HOMEWORK?
I DIDN’T DO IT.

...BUT DON’T WORRY. I’LL GIVE MYSELF DETENTION LATER WHEN I GET HOME.

...OBVIOUSLY SOME PEOPLE HAVE NO FAITH IN SELF-REGULATION!

by Stephen Francis & Rico
Overview of CASLPO

Profile Of The Professions

Membership registered with the College: 3,636

- SLP 2976
- AUD 660
Overview of CASLPO

Health Force Ontario - Health Professional Data Base

- AUDIOLOGISTS
  - Female 80%    Male 20%
    - Under 45 - 59%
    - 45-54    - 28%
    - Over 55   - 13%

- SPEECH-LANGUAGE PATHOLOGISTS
  - Female 96%    Male 4%
    - Under 45 - 64%
    - 45-54    - 24%
    - Over 55   - 12%

CASLPO Regional Seminar - May June 2013
Overview of CASLPO

Employment setting:

**AUDIOLOGISTS**
- Solo/group Practice Office: 28%
- Hospital - Rehab: 16%
- Health-related Business: 6%
- Other: 50%

**SPEECH-LANGUAGE PATHOLOGISTS**
- School & Pre-School: 23%
- Hospital - Rehab: 19%
- CTC: 10%
- CCAC: 6%
- Other/Private: 42%
Overview of CASLPO

Professional Practice Advice

<table>
<thead>
<tr>
<th>Source</th>
<th>2012 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Language Pathologists</td>
<td>809</td>
</tr>
<tr>
<td>Audiologists</td>
<td>163</td>
</tr>
<tr>
<td>Public</td>
<td>59</td>
</tr>
<tr>
<td>Other professionals</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,081</strong></td>
</tr>
</tbody>
</table>

CASLPO Regional Seminar - May June 2013
Overview of CASLPO

Professional Practice Advice - SLP

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records, electronic, test forms</td>
<td>21%</td>
</tr>
<tr>
<td>Private Practice, Insurance, Billing</td>
<td>17%</td>
</tr>
<tr>
<td>SAT, Goals and CLACs</td>
<td>14%</td>
</tr>
<tr>
<td>Consent, Capacity , Privacy and Security</td>
<td>12%</td>
</tr>
<tr>
<td>Scope of Practice (ours and other HCP)</td>
<td>11%</td>
</tr>
<tr>
<td>Supervising Support Personnel</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
</tbody>
</table>
Overview of CASLPO

Professional Practice Advice - Audiology

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice, prescription and dispensing</td>
<td>27%</td>
</tr>
<tr>
<td>Fees</td>
<td>24%</td>
</tr>
<tr>
<td>Records, Reports and Release of Records</td>
<td>15%</td>
</tr>
<tr>
<td>Consent, Capacity, Privacy and Security</td>
<td>11%</td>
</tr>
<tr>
<td>ADP/ODSP/3rd party payers</td>
<td>10%</td>
</tr>
<tr>
<td>Scope of Practice(ours and other HCP)</td>
<td>10%</td>
</tr>
<tr>
<td>Supervising Support Personnel</td>
<td>3%</td>
</tr>
</tbody>
</table>
Overview of CASLPO

Education & Communication

• Desk Reference – Online
• Website
• E-mail blasts: 6 – 10 per month including “Did you know.....”
• Regional Seminars
Overview of CASLPO

Education & Communication

E-Learning Modules in development:
- Consent and Capacity
- Record Keeping
- Regulated Health Professions Act (RHPA)

Latest E-Learning Module:
- Use of social media available on the website - [link](http://www.caslpo.com) -> home page

CASLPO Regional Seminar - May June 2013
Overview of CASLPO

Public Awareness

- CASLPO Today
- Toronto Star – Hearing and Speech
- Forever Young Information (FYI)
- Maclean’s
- Today’s Parent
Overview of CASLPO

Did you know . . .

....the difference between a regulatory college and an association?
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Acts in the interest of the public</td>
<td>Acts in the interest of the profession</td>
</tr>
<tr>
<td>2  Governed by a Council consisting of professional members and government appointed public members</td>
<td>Governed by a Board of Directors consisting of professionals</td>
</tr>
<tr>
<td>3  Registers members based on legislated criteria. Membership is mandatory in order to use protected titles.</td>
<td>Accepts members based on association-determined criteria. Membership is voluntary.</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>4  Requires members to participate in legislated quality assurance programs</td>
<td>Provides members with opportunities for continuing education</td>
</tr>
<tr>
<td>5  Ensures minimum standards of practice are met for safe and competent service to the public</td>
<td>Provides competency enhancing opportunities for members seeking to work to a “gold “ standard</td>
</tr>
<tr>
<td>6  Engages the public in order to inform them of the value of regulated professionals</td>
<td>Engages the members in order to serve their professional needs</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Required to have a complaints process in place to respond to members who do not practice to the set standards</td>
</tr>
<tr>
<td>8</td>
<td>Advocates for the public in order to ensure safe, effective and equitable service across the province.</td>
</tr>
</tbody>
</table>
Did you know.....

<table>
<thead>
<tr>
<th></th>
<th><strong>Regulator</strong></th>
<th><strong>Association</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Provides accessible information to the public regarding the professions, the registry of members, expected practice standards and the complaints process</td>
<td>Provides accessible information to its members regarding professional development opportunities, developments in the professional fields, political developments that affect the professions</td>
</tr>
<tr>
<td>10</td>
<td>Accountable to the public, the government and its members</td>
<td>Accountable to its members</td>
</tr>
</tbody>
</table>
CASLPO Updates
CASLPO Updates

New Documents

- Registration Regulation
- Quality Assurance Regulation
- Practice Standards and Guidelines for Assessment of Adults by SLPs
- Peer Assessment Extension and Deferral Policy
CASLPO Updates

Documents Under Review

- Professional Misconduct Regulation and Proposed Advertising Regulation
  - Have been sent out for stakeholder review with a link to Survey Monkey™
  - Able to collect CLACs for review
  - Due date for responses 21st June 2013
CASLPO Updates

Documents Under Review

- By-Laws
- Preferred Professional Guidelines (PPG) updated to Practice Standards and Guidelines (PSG)
  - PSG: Developmental Stuttering
  - PSG: Acquired Cognitive Communication
  - PSG: Prescription of Hearing Aids for Children and Adults and draft PSG for Dispensing
CASLPO Updates

- Canadian Alliance of Audiologists and Speech-Language Pathologists Regulators (CAASPR)
  - National Competencies and Indicators
    - [www.caaspr.ca](http://www.caaspr.ca)

- Inter-professional Collaboration Toolkit (FRHCO)
  - [www.caslpo.com](http://www.caslpo.com) -> What’s New
CASLPO Updates

- Sexual Abuse Prevention Program
- Regional Seminars – Feedback survey
- CASLPO/OSLA Conference – October 16, 17, 18, 2013
Proposed Records Regulation 2011
CAREER ADVICE No 55

Always choose the right tool for the job.

A simple blowtorch can solve many of your filing problems.
To understand and apply the regulation, examine the basics:

What is a Record and what is its purpose?
Records

- Official record of events documenting decisions, assessments, plans of care and interventions
  i.e. who did what, why, where, when and to whom.

- Required for public protection

- Supports safe & ethical practice across all service settings
Records

Principles:

- Public Protection
- Vehicle of communication
- Adequate information
- Accessible
Records

- Public Protection
- Minimum standards
- Principled
- Reasonable

Member

- Best practices
- Clinical judgement
- Ensures accountability
- Risk management
Records

- CASLPO record keeping (electronic or paper) and record retention requirements must be adhered to.
- Records in the OSR or in other systems do not necessarily fulfill these requirements.
- In some cases a separate records system is necessary.
Records

- Remember, a separate record system or ‘working file’ is still a health record, and all legislation, regulations and standards of practice apply.

- As long as information from raw data and test forms has been documented (results, interpretation and recommendations), raw data and test forms do not have to be kept. HOWEVER, you may keep them if you wish.
Donna is a SLP working at the Metropolitan District School Board.

Donna assessed Jo, a grade one child with both speech and language deficits, and wrote a report which was sent to the school and to the parents.

The following week, Jo’s mother contacted Donna asking her to remove information regarding Jo’s attention problems during the assessment.

Donna is unsure what to do.
Proposed Records Regulation 2011

6. (1) Subject to subsection 6(2), each member shall maintain a patient/client health record for each patient/client that the member assesses or treats that contains:

(d) an appropriate health history of the patient/client;

(e) the nature and results of each assessment relating to the patient/client, each clinical finding and any recommendations made by the member;

Content of reports, if provided, must be determined by best professional judgment.
Record Keeping Scenario

- The parent has the right ask for corrections to be made to a record of health information under PHIPA.
- Donna can ask for the request to be made in writing and she has 30 days to respond.
- Donna is not required to change the report if it consists of a professional opinion or observation made in good faith. (c. 3, Sched. A, s. 55 (9)).
- The parent can choose to withdraw consent to disclose information. However, according to PHIPA this cannot be done retroactively, so the report need not be redacted.
Consent
Consent

Consent relates to:

1. consent to collect, use and disclose information and
2. consent to services

Both of which must be obtained when the member is providing services to an individual.
I'm afraid doctor-patient confidentiality prevents me from saying if your brother cried like a baby during his flu shot.
Principles of PHIPA

- Personal health information is sensitive
- Confidentiality must be respected and protected
- Declare the purpose of obtaining information
- Consent must be obtained
- Only collect what you need
Consent to Collect, Use and Disclose Information

Knowledgeable Consent

The *Personal Health Information Protection Act, 2004* (PHIPA) requires members to obtain the patient/client’s knowledgeable consent for the collection, use, and/or disclosure of any personal health information (PHI).
Consent

What is PHI?

- Physical or mental health of the individual
- Health history of the individual’s family
- Identification of a person as a provider of health care to the individual
- A plan of service for the individual
- Payments or eligibility for healthcare funding
- Individual’s health number
- Identification of a substitute decision maker (SDM)
Consent

All SLPs and Audiologists are

Health Information Custodians (HIC)
Health Information Custodians MUST:

1. Protect personal healthcare information
2. Take responsibility for accidental loss
3. Notify patients/clients of a privacy breach
HICs may share information with other HICs involved in the care of the same patient/client without explicit consent, i.e. with implied consent for health care purposes.
Consent

Sharing Information

• HICs and Non-HICs cannot share information outside the circle of care without express consent.
Consent

Privacy Legislation: Breach

Required Action

1. Respond immediately
   - Notify staff – chief privacy officer or designate
   - Inform Information and Privacy Commission (IPC)

2. Containment
   - Retrieve
   - Safeguard any copies
3. Notification
   • Notify individuals at first opportunity
   • Determine sensitivity of information

4. Investigation & Remediation
   • Ensure breach will not be repeated
Consent Scenario

- Dasheil, a boy with mild cerebral palsy, has been referred to Donna, the school board SLP.
- During the assessment Dasheil talks about Cindy, his SLP at home.
- Following the assessment, Donna calls home to share the results of the assessment and asks about Cindy.
- Dasheil’s mother, who is not happy with the school, states that she wants to keep home and school separate and asks Donna NOT to contact Cindy, the private SLP.
- Donna remembers reading about the Circle of Care and wonders if she can contact Cindy, as it is in Dasheil’s best interests.
Consent Scenario

- Individuals are allowed to expressly withhold or withdraw consent to disclose information.
- Donna does not have consent to contact Cindy.
- Donna should counsel the mother regarding the benefits to her child of communicating and working with the private SLP.
- Donna should also inform the mother that it is not in her child’s best interests to have two SLPs working independently.
Consent

Consent to Services


In 2007, CASLPO determined that members must obtain consent for screening and assessment.

*Please refer to CASLPO’s position statement, Consent to Screening and Assessment.*
Consent

Valid consent

Consent is voluntary, and not obtained through misrepresentation or fraud, relates to the services being proposed, and is informed.

*Heath Care Consent Act, 1996*
Consent

Informed Consent

- The nature of the services
- The expected benefits of the services
- The material risks of the services
- The material side effects of the services
- Alternative courses of action
- The likely consequences of not having the services
INFORMED CONSENT!
Consent

Capacity to Consent

The patient/client/SDM must have the capacity to consent to services, that is:

- The ability to understand relevant information
- The ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision
Determination of need

- The goal is to identify patients/clients who need to be screened/assessed.

- This may include:
  - conversation with an O.T./teacher/nurse/social worker etc. or
  - observation of an individual in a classroom setting/physio gym/unit
"There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm." (Health Care Consent Act)
Donna, the SLP, has been asked to assess a child in grade two. She contacts the mother, obtains valid and informed consent, and assesses the child.

Later Donna has lunch with Tony, the OT. Tony tells her about his difficult situation: a child’s parents are going through a nasty separation. Both parents have custody, but the father refuses to give consent for Tony to treat the child.

Donna realizes, and confirms with Tony, that it is the child she has just assessed.
Scenario for Consent to Treat

- Custodial parents are joint and equally ranking Substitute Decision Makers.
- You can accept one parent consenting for both, if you believe that the consent is being given in good faith.
- Ask if the absent parent is in agreement with the course of action.
- Unless you receive consent from both custodial parents, you cannot proceed with intervention.
Did Donna ask the mother (and document) whether the father also consented to the assessment?

If not, Donna will have to obtain consent for all subsequent intervention from both the father and the mother.
Scenario for Consent to Treat

- If you believe that the child’s communication development and learning are at risk without SLP intervention, and parental agreement to consent is unlikely, contact the Office of the Public Guardian and Trustee (OPGT) for advice.

- The OPGT has a Treatment Decision Unit.
Support Personnel
Support Personnel

- Guidelines for use of support personnel pertain to direct patient or client service.

  Position Statement: The Use of Support Personnel by Speech Language Pathologists

- The SLP is accountable for all professional services provided by support personnel. Consider both of the individual’s competence and the employer’s conditions.
When the SLP is providing consultation services, then the people who implement the suggestions and recommendations are not considered support personnel.

For example: you are consulting to an ABA Program. The ABA therapist implements your suggestions and reports back on progress. However, there is no supervisory relationship.
Support Personnel

Remember:

- You need to obtain and document informed consent from the patient/client/SDM for the use of support personnel.

- You need to document the use of support personnel.

- You need to supervise support personnel directly and indirectly (*Code of Ethics 4.2.4 2011*).
Support Personnel

Remember:

- If your place of work has an agreement with another agency, you can potentially supervise the CDA from that agency.
Support Personnel Scenario

- Donna works two days a week with the School Board’s Augmentative Communication Program.
- She especially enjoys working with Patty, an Educational Assistant who has been designated to work in the program.
- Patty loves her job. She has sought out training in AAC, supports children in the classroom and makes communication and Picture Exchange resources under Donna’s guidance.
- Donna wonders if Patty, under these circumstances, is considered Support Personnel.
Support Personnel Scenario

- Patty is an Educational Assistant and is supervised by teaching staff in the school.

- Although Donna and Patty work together closely, Donna does not have a supervisory relationship.

- Donna provides direct service to the children in the AAC program, and consults to Patty, and other members of the program.

- Patty is not considered to be SLP Support Personnel.
Questions and Discussion
THANK YOU!

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